

UNITED STATES DISTRICT COURT  
for the  
District of South Dakota

Gary Matthew Shaver  
Plaintiff(s)

v.

Civil Action No. 4:23-CV-04204-KES

Teresa Bittinger  
Defendant(s)

## SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Teresa Bittinger  
South Dakota State Penitentiary  
Po. Box 5911  
Sioux Falls SD 57117-5911

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Gary Shaver Doc #65277  
South Dakota State Penitentiary  
Po. Box 5911  
Sioux Falls SD 57117-5911

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 08/02/2024

Matthew Thelen  
Signature of Clerk or Deputy Clerk

Civil Action No. 4:23-cv-4204

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for *(name of individual and title, if any)* \_\_\_\_\_was received by me on *(date)* \_\_\_\_\_ I personally served the summons on the individual at *(place)* \_\_\_\_\_on *(date)* \_\_\_\_\_ ; or I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_

, a person of suitable age and discretion who resides there, \_\_\_\_\_

on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or I served the summons on *(name of individual)* \_\_\_\_\_, who isdesignated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_on *(date)* \_\_\_\_\_ ; or I returned the summons unexecuted because \_\_\_\_\_ ; or Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

*Server's signature* \_\_\_\_\_*Printed name and title* \_\_\_\_\_*Server's address* \_\_\_\_\_

Additional information regarding attempted service, etc:

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Gary Matthew Shaver		COURT CASE NUMBER	4:23-CV-04204-KES
DEFENDANT	Teresa Bittinger, Warden, South Dakota State Penitentiary		TYPE OF PROCESS	Summons & Complaint
SERVE AT	Teresa Bittinger, Warden, South Dakota State Penitentiary 1600 North Drive P.O. Box 5911 Sioux Falls SD 57117-5911		NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Gary Matthew Shaver Doc # 652777 South Dakota State Penitentiary 1600 North Drive P.O. Box 5911 Sioux Falls SD 57117-5911			Number of parties to be served in this case	<input type="checkbox"/>
			Check for service on U.S.A.	<input type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold (605) 367-5001 Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	X	7-26-2024

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

**DISTRIBUTE TO:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**UNITED STATES DISTRICT COURT**  
 for the  
 District of South Dakota

Gary Matthew Shaver

Plaintiff(s)

v.

Civil Action No. 4:23-CV-04204-KES

Brent Fluke

Defendant(s)

**SUMMONS IN A CIVIL ACTION**

To: (Defendant's name and address) Brent Fluke  
South Dakota State Penitentiary  
Po. Box 5911  
Sioux Falls ~~SD~~ SD 57117-5911

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Gary Shaver Doc# 65277  
South Dakota State Penitentiary  
Po. Box 5911  
Sioux Falls SD 57117-5911

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 08/02/2024



**CLERK OF COURT**

Matthew Thelen

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 4:23-cv-4204

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_

I personally served the summons on the individual at *(place)* \_\_\_\_\_

on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_

*, a person of suitable age and discretion who resides there,*

on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_

*designated by law to accept service of process on behalf of (name of organization)* \_\_\_\_\_

on *(date)* \_\_\_\_\_ ; or

I returned the summons unexecuted because \_\_\_\_\_

; or

Other *(specify):* \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

*Server's signature* \_\_\_\_\_

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	<i>Gary Matthew Shaver</i>		COURT CASE NUMBER	<i>423-CV-04204-KES</i>
DEFENDANT	<i>Brent Fluker, Deputy Secretary of Corrections, South Dakota State Penitentiary</i>		TYPE OF PROCESS	<i>Summons &amp; Complaint</i>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		<i>1600 North Drive Po. Box 5911 Sioux Falls SD 57117-5911</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	<i>1</i>
<i>Gary Matthew Shaver Doc# 65277 South Dakota State Penitentiary 1600 North Drive Po. Box 5911 Sioux Falls SD 57117-5911</i>			Number of parties to be served in this case	
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

*(605) 367-5001*

Fold

Signature of Attorney other than Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>Gary Shaver</i>	<input type="checkbox"/> DEFENDANT	<i>X</i>	<i>7-26-2024</i>

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

**DISTRIBUTE TO:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

## UNITED STATES DISTRICT COURT

for the

District of South Dakota

Gary Matthew Shaver

Plaintiff(s)

v.

Civil Action No. 4:23-CV-04204-KES

Kellie Wasko

Defendant(s)

## SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Kellie Wasko  
 South Dakota State Penitentiary  
 Po. Box 5911  
 Sioux Falls SD 57117-5911

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Gary Shaver Doc # 65277  
 South Dakota State Penitentiary  
 Po. Box 5911  
 Sioux Falls SD 57117-5911

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 08/02/2024




Signature of Clerk or Deputy Clerk

Civil Action No. 4:23-cv-4204

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_

I personally served the summons on the individual at *(place)* \_\_\_\_\_

on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_

, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is

designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_

on *(date)* \_\_\_\_\_ ; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

*Server's signature* \_\_\_\_\_*Printed name and title* \_\_\_\_\_*Server's address* \_\_\_\_\_

Additional information regarding attempted service, etc:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	<i>Gary Matthew Shaver</i>		COURT CASE NUMBER	<i>4:23-CV-04204-KES</i>
DEFENDANT	<i>Kellie Wasko, Secretary of Corrections, South Dakota State Penitentiary</i>		TYPE OF PROCESS	<i>Summons &amp; Complaint</i>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
AT	<i>Kellie Wasko, Secretary of Corrections, South Dakota State Penitentiary</i>			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		<i>1600 North Drive P.O. Box 5911 Sioux Falls SD 57117-5911</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	<i>1</i>
<input checked="" type="checkbox"/> <i>Gary Matthew Shaver Doc #65277 South Dakota State Penitentiary 1600 North Drive P.O. Box 5911 Sioux Falls SD 57117-5911</i>			Number of parties to be served in this case	
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):Fold *(605) 367-5001* Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Gary Shaver</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>X</i>	DATE <i>7-26-2024</i>
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>      </i>	District of Origin <i>No.      </i>	District to Serve <i>No.      </i>	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address ( <i>complete only different than shown above</i> )	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

DISTRIBUTE TO:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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UNITED STATES DISTRICT COURT

for the

District of South Dakota

Gary Matthew Shaver

Plaintiff(s)

v.

Civil Action No. 4:23-CV-04204-KES

Rick Johnston

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Rick Johnston  
South Dakota State Penitentiary  
Po. Box 5911  
Sioux Falls SD 57117-5911

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Gary Shaver Doc#65277  
South Dakota State Penitentiary  
Po. Box 5911  
Sioux Falls SD 57117-5911

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Matthew Thelen

Signature of Clerk or Deputy Clerk

Date: 08/02/2024



AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 4:23-cv-4204

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
 was received by me on *(date)* \_\_\_\_\_

I personally served the summons on the individual at *(place)* \_\_\_\_\_

on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_

, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_

on *(date)* \_\_\_\_\_ ; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

*Server's signature*

*Printed name and title*

*Server's address*

Additional information regarding attempted service, etc:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	<i>Gary Matthew Shaver</i>		COURT CASE NUMBER	<i>4:23-CV-04204-KES</i>
DEFENDANT	<i>Rick Johnston, Associate Warden, South Dakota State Penitentiary</i>		TYPE OF PROCESS	<i>Summons &amp; Complaint</i>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
AT	<i>Rick Johnston, Associate Warden, South Dakota State Penitentiary</i>			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		<i>1600 North Drive P.O. Box 5911 Sioux Falls SD 57117-5911</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	<input checked="" type="checkbox"/>
<i>Gary Matthew Shaver Doc # G52777 South Dakota State Penitentiary 1600 North Drive P.O. Box 5911 Sioux Falls SD 57117-5911</i>			Number of parties to be served in this case	<input type="checkbox"/>
			Check for service on U.S.A.	<input type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold *(605) 367-5001* Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>Gary Shaver</i>	<input type="checkbox"/> DEFENDANT	<i>X</i>	<i>7-26-2024</i>

### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address ( <i>complete only different than shown above</i> )	Date	Time
	<input type="checkbox"/> am	<input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including <i>endeavors</i> )	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

DISTRIBUTE TO:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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UNITED STATES DISTRICT COURT  
for the  
District of South Dakota

Gary Matthew Shaver  
Plaintiff(s)

v.

Civil Action No. 4:23-CV-04204-KES

Jason Mills

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Jason Mills  
South Dakota State Penitentiary  
Po. Box 5911  
Sioux Falls SD 57117-5911

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Gary Shaver Doc #652777  
South Dakota State Penitentiary  
Po. Box 5911  
Sioux Falls SD 57117-5911

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 08/02/2024



Matthew Thelen

Signature of Clerk or Deputy Clerk

Civil Action No. 4:23-cv-4204

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
 was received by me on *(date)* \_\_\_\_\_

I personally served the summons on the individual at *(place)* \_\_\_\_\_

on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_

, a person of suitable age and discretion who resides there, \_\_\_\_\_

on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_

designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_

on *(date)* \_\_\_\_\_ ; or

I returned the summons unexecuted because. \_\_\_\_\_

; or

Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 \_\_\_\_\_

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

U.S. Department of Justice  
United States Marshals ServicePROCESS RECEIPT AND RETURN  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	<u>Gary Matthew Shaver</u>		COURT CASE NUMBER	<u>4:23-CV-04204-KES</u>	
DEFENDANT	<u>Jason Mills, Unit Coordinator, South Dakota State Penitentiary</u>		TYPE OF PROCESS	<u>Summons; Complaint</u>	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN				
AT	<u>Jason Mills, Unit Coordinator, South Dakota State Penitentiary</u>				
	<u>1600 North Drive P.O. Box 5911 Sioux Falls SD 57117-5911</u>				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	1	
<u>Gary Matthew Shaver Doc #65277 South Dakota State Penitentiary 1600 North Drive P.O. Box 5911 Sioux Falls SD 57117-5911</u>			Number of parties to be served in this case		
			Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold (605) 367-5001 Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<u>Gary Shaver</u>	<input type="checkbox"/> DEFENDANT	<u>X</u>	<u>7-26-2024</u>

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time
		<input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

DISTRIBUTE TO:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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UNITED STATES DISTRICT COURT  
for the  
District of South Dakota

Gary Matthew Shaver  
Plaintiff(s)

v.

Civil Action No. 4:23-cv-04204-KES

Unknown Nyreen  
Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Unknown Nyreen  
South Dakota State Penitentiary  
Po. Box 5911  
Sioux Falls SD 57117-5911

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Gary Shaver Doc # 65277  
South Dakota State Penitentiary  
Po. Box 5911  
Sioux Falls SD 57117-5911

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 08/02/2024



Matthew Thelen  
Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 4:23-cv-4204

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
 was received by me on *(date)* \_\_\_\_\_

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 , a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_ , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_ , who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_ ; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

*Server's signature*

*Printed name and title*

*Server's address*

Additional information regarding attempted service, etc:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

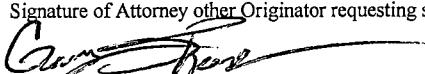
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Gary Matthew Shaver	COURT CASE NUMBER	4:23-CV-04204-KES
DEFENDANT	Unknown Nyreen Unit Manager, South Dakota State Penitentiary	TYPE OF PROCESS	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
<input checked="" type="checkbox"/> Gary Matthew Shaver Doc # 65277 South Dakota State Penitentiary 1600 North Drive Po. Box 5911 Sioux Falls SD 57117-5911		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Fold

(605) 367-5001

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	X	7-26-2024

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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DISTRIBUTE TO:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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Gov't Lawyer Doc# 652771  
DEPARTMENT OF CORRECTIONS  
STATE PENITENTIARY  
P.O. Box 5911  
Sioux Falls, SD 57117-5911  
Address Service Requested

FIRST-CLASS MAIL

U.S. POST

07/31/2024

US POSTAGE \$001.12<sup>0</sup>

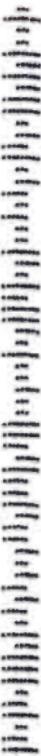


ZIP 57104  
041M11461503

U. S. District Court Clerk  
U. S. Court house  
400 S. Phillips Ave # 128  
Sioux Falls SD 57104

112

5710436851 CO33



X-RAYED BY  
SOUTH DAKOTA  
CSO